## CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

1270

## FORM C/OH COVER SHEET PG 1

(512) 463-5800

CANDIDATE / OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY Herbert  NICHAME  LAST  NICHAME  LAST  NICHAME  LAST  NICHAME  LAST  NICHAME  LAST  NICHAME  LAST  SUFFIX  Herb  CANDIDATE / OFFICE OBOX  NICHAME  LAST  SUFFIX  TILE  FIRST  AUSTIN, Texas  TRO1  ACCITY:  STATE:  ZIP CODE  ABORESS / PO BOX:  APT / SUTTE 4:  CITY:  STATE:  ZIP CODE  TO TILE  FIRST  AUSTIN  ARE ADDRESS  NICHAME  LAST  JOSEPH  A.  NICHAME  LAST  JOSEPH  A.  NICHAME  LAST  JOSEPH  A.  NICHAME  LAST  JOSEPH  A.  NICHAME  LAST  JOSEPH  AREAURE  ADDRESS  (Real Address)  CAMPAIGN  TREASURER  ADDRESS  (Real Address)  CAMPAIGN  TREASURER  ADDRESS  (Real Address)  CAMPAIGN  TREASURER  ADDRESS  (Real Address)  TO West Avenue  Austin, Texas  TRO1  AREA CODE  PHONE JUMBER  EXTENSION  (512)  APT 4-4-4892  THROUGH  AREA CODE  PHONE JUMBER  EXTENSION  Final report (Allach CICH - FR)  PERIOD  COVERED  O1 / O1 / 98  THROUGH  THROUGH  OS / 30 / 99  THROUGH  OFFICE BOUGHT If Monomin  Day Vess  THROUGH  OS / 30 / 99  THROUGH  OFFICE BOUGHT If Monomin  Day Vess  To FICE BOUGHT If Monomin  Day Vess  To FICE BOUGHT If Monomin  Day Texas  To FICE BOUGHT If Monomin  Day Texas  To FICE COUNTY, Texas  To FICE BOUGHT If Monomin  Tracias  Tracias	4317				
DEFICEHOLDER NAME  NECOMANE  LAST  Herb  EVANS  ADDRESS / POBOX  APT (SUTE 1: CITY: STATE: ZIP CODE  OFFICEHOLDER ADDRESS / POBOX  ADDRESS / POBOX  APT (SUTE 1: CITY: STATE: ZIP CODE  OFFICEHOLDER ADDRESS  CAMPAIGN  THEASURER  NAME  THEASURER  NOCIONAME  JOSEPH  NICHOMANE  JOSEPH  JOSEPH  NICHOMANE  JOSEPH  JOS	he C/OH Instruction	Guide explains how to complete		2 Total pages filed:	
Herbert E.  NOKNAME LAST SUFFIX Cate Received 1  Oate Rec		TITLE FIRST	Mi	OFFICE USE ONLY	
NCRIMME LAST Herb EVANS  CANDIDATE / OFFICEHOLDER ADDRESS /POBOX APY / SUTE #: CITY: STATE: ZIP CODE  CANDIDATE / OFFICEHOLDER ADDRESS   1302 West Avenue		Herbert	<b>E</b> .		
CAMPAIGN THEADARES    CAMPAIGN THEADARES   CODE   TUTNEY   CITY: STATE: ZP CODE     CAMPAIGN THEADARES   CAMPAIGN THEADARES   CODE   TUTNEY   CITY: STATE: ZP CODE     CAMPAIGN THEADARES   CODE   TUTNEY   CITY: STATE: ZP CODE     CAMPAIGN THEADARES   CODE   TUTNEY   CITY: STATE: ZP CODE     CAMPAIGN   THEADARES (NO PO BOX PLEASE): APT / SUITE x: CITY: STATE: ZP CODE     CAMPAIGN   THEADARES (NO PO BOX PLEASE): APT / SUITE x: CITY: STATE: ZP CODE     CAMPAIGN   THEADARES (NO PO BOX PLEASE): APT / SUITE x: CITY: STATE: ZP CODE     CAMPAIGN   THEADARES (NO PO BOX PLEASE): APT / SUITE x: CITY: STATE: ZP CODE     CAMPAIGN   THEADARES (NO PO BOX PLEASE): APT / SUITE x: CITY: STATE: ZP CODE     CAMPAIGN   THEADARES (NO PO BOX PLEASE): APT / SUITE x: CITY: STATE: ZP CODE     CAMPAIGN   THEADARES (NO PO BOX PLEASE): APT / SUITE x: CITY: STATE: ZP CODE     CAMPAIGN   THEADARES (NO PO BOX PLEASE): APT / SUITE x: CITY: STATE: ZP CODE     CAMPAIGN   THEADARES (NO PO BOX PLEASE): APT / SUITE x: CITY: STATE: ZP CODE     CAMPAIGN   THEADARES (NO PO BOX PLEASE): APT / SUITE x: CITY: STATE: ZP CODE     CAMPAIGN   THEADARES (NO PO BOX PLEASE): APT / SUITE x: CITY: STATE: ZP CODE     CAMPAIGN   THEADARES (NO PO BOX PLEASE): APT / SUITE x: CITY: STATE: ZP CODE     CAMPAIGN   THEADARES (NO PO BOX PLEASE): APT / SUITE x: CITY: STATE: ZP CODE     CAMPAIGN   THEADARES (NO PO BOX PLEASE): APT / SUITE x: CITY: STATE: ZP CODE     CAMPAIGN   THEADARES (NO PO BOX PLEASE): APT / SUITE x: CITY: STATE: ZP CODE     CAMPAIGN   THEADARES   CAMPAIGN   THEADARES   CAMPAIGN   THEADARES   CAMPAIGN	HUME	NICKNAME LAST	SUFFIX	∞ ⊆ ₹ <b>5</b> m	
CANDIDATE / OFFICE HELD (# any)  OFFICE HELD (# any)  ADDRESS / POBOX; APT   SUTE #; CIT; STATE: 2P CODE   1302 West Avenue   Austin, Texas 78701   1303 Processed   1304 West Avenue   Austin, Texas 78701   1304 West Avenue   Austin, Texas 78701   1306 West Avenue   Austin, Texas 8700 West 8700 West 8700 West 8700 West 8700 West	ļ	Herb Evans		C>+4;	
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THEASURER NAME  JOSEPH  A. HD / FM Amount  THEASURER JOSEPH  NICKNAME LAST JOSEPH  NICKNAME LAST JOSEPH  A. HD / FM Amount  Date Processed  Oate Imaged  Is Doal In Texas 78701  Amount Day Vear oppointment (offication) Imaged	Change of Address		·	799 7. As	
NAME  NICKNAME  LAST  JOE  TUTNEY  CAMPAIGN  THEASURER ADDRESS (No PO BOX PLEASE); APT / SUTE r. CITY; STATE; ZIP CODE  THEASURER ADDRESS (Residence or business)  CAMPAIGN  THEASURER ADDRESS (Residence or business)  CAMPAIGN  THEASURER ADDRESS (Residence or business)  CAMPAIGN  THEASURER PHONE  AREA CODE  PHONE NUMBER  EXTENSION  THEASURER PHONE  AREA CODE  PHONE NUMBER  EXTENSION  THAOUGH  STATE: ZIP CODE  15th day after campaign treasurer appointment (officatorider only)  THAOUGH  T	CUMI VICIA	TITLE FIAST	Mi	· ·	
NICKNAME   LAST   JUFFIX   Date Processed		Joseph	Α.		
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TREASURER ADDRESS (Residence or business)  CAMPAIGN TREASURER PHONE  CAMPAIGN TREASURER PHONE  (512 ) 474–4892  GREPORT TYPE  January 15		noe inthet			
TREASURER PHONE    State	TREASURER ADDRESS	1504 West Avenue		•	
PHONE    Siz   474-4892	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
### appointment (officeholder only)    X   July 15					
B PERIOD COVERED    Month   Day   Year   THROUGH   C6   30   99	REPORTTYPE	January 15 30th day before elect	ion Runoff		
PERIOD COVERED  01		July 15 Bth day before election			
Month Day Year 03 / 10 / 98		******			
O3 / 10 / 98	10 ELECTION		YPE		
Justice of the Peace, Precinct 5  Austin, Travis County, Texas  13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  Address / PO Box; Apt. / Suite #; City; State; Zip Code		l	Runoff	General Special	
Austin, Travis County, Texas  DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  Address / PO Box; Apt. / Suite #; City; State; Zip Code  Austin, Travis County, Texas	11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if kno	own)	
DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS		:			
BY OTHER INDIVIDUALS  Name  Address / PO Box; Apt. / Suite #; City; State; Zip Code	CAMPAIGN	Direct campaign expanditures are campaign ex Candidates are required to disclose this information.	counditures made by others without the c	andidate's prior consent or approval.	
		Name			
additional pages		, , , , , ,	Zip Code		
		· .			

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Ethics Commission filers)
Herbert E. Eva	ns		
16 SUPPORTING POLITICAL COMMITTEE(S)	•• This listing include have been made with	les political expenditures by political committees to support the candidate tout the candidate's or officeholder's knowledge or consent. Candidates an ty receive notice of such expenditures. ••	/ officeholder. These expenditures may d officeholders are required to report this
	COMMITTEE TYPE	COMMITTEE NAME	N
	GENERAL	COMMITTEE ADORESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	,
17 NO REPORTABLE ACTIVITY	Check here if i	no reportable activity occurred during this reporting period. (Sign affidavil belo	w and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS / THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3350.00
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 591.00
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	\$ 0.00
19 AFFIDAVIT			
I O	EATHER M. HUGHES ry Public, State of Texa nmission Expires 10-1		
800000000000000000000000000000000000000	xxxxxxxxxxxx	Signature of Candid	date or Officeholder
AFFIX NOTARY STAME		, 	Sth
i	before me, by the sa hich, witness my har	id <u>Herbert E. Evans</u> , this the <u>/</u> , nd and seal of office.	day of July
Signature of officer at	M./	Print name of officer administering bath Titl	Notary Public e of officer administering oath

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

Texas Ethics Commission

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.			1 Total pages this Schedule A1:	
2 FILER NAM	E		3 ACCOUNT # (Eth	ics Commission filers)
Herbert	E. Evans			
4 Date	<u> </u>	out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/11/99	Stuart Kincaid		\$670.00	
	6 Contributor address; City; State; Zip Code 800 Brazos St., Austin, Texas 7 Commodore Plaza Building, 10th		1070100	
9 Principal occu Attorney	ipation (Optional)	10 Employer (Opti	onal)	
Date	Full name of contributor	Out of state PAC	Amount of contribution (\$)	in-kind contribution description (if applicable)
1/12/99	Joseph A. Turner Contributor address; City; State; Zip Code		\$670.00	
	1504 West Avenue, Austin, Texas	78701		<u> </u> 
•	upation (Optional)	Employer (Opti	onai)	
Attorne	эү	<u> </u>		
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/14/99	Betty Blackwell Contributoraddress: City; State; Zip Code 1304 Nueces St., Austin, Texas	78701	\$670.00	cancellation of previously reporte loan
				<u> </u>
Principal occ	upation (Optional)	Employer (Opt	ional)	
Attorney Date	Full name of contributor Christopher Gunter	Out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/15/99	Contributor address; City; State; Zip Code 600 West 9th St., Austin, Texa		\$670.00	1 1 1
Principal occ Attorney	cupation (Optional)	Employer (Op	tional)	
Date	Full name of contributor	Dut of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/26/99	Joe James Sawyer  Contributor address; City; State; Zip Code		\$670.00	
	1027 E. Riverside, Austin, Te	:XdS /0/U4		<u> </u>
1	cupation (Optional)	Employer (O	otional)	
Attorn	<u> </u>	*.,		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	SED CONTRIBUTIONS		. (1	SCHEDULE B1 FOR FORMS C/OH & SPAC)
The Instruc	спом Guids explains how to complete this form.		1 Total pages this 8	Schedule B1:
FILER NA	ME		3 ACCOUNT # (EII	nics Commission filers)
то	OTAL OF UNITEMIZED PLEDGES: ⇔	) D D D	<u>L</u> ====================================	\$
Date	6 Full name of pledgor	out of state PAC	g Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Co		1	   
Principal occ	cupation (optional)	11 Employer (option	nal)	
Date	Full name of pledgor	ut of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Co	ode		 
Principal oc	cupation (optional)	Employer (optio	nal)	
Date	Full name of pledgor  Pledgor address; City; State; Zip C	out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
			pledge (\$)	
	Pledgoraddreas; City; State; Zip C	<b>Code</b>	pledge (\$)	
Principal oc	Pledgor address; City; State; Zip C	Employer (optio	pledge (\$)	(If applicable)
Principal oc Date	Pledgor address; City; State; Zip C ccupation (optional)  Full name of pledgor	Employer (optio	Amount of pledge (\$)	(If applicable)
Principal oc Date	Pledgor address; City; State; Zip C cupation (optional)  Full name of pledgor  Pledgor address; City; State; Zip C	Employer (optio	Amount of pledge (\$)	(If applicable)
Principal oc	Pledgor address; City; State; Zip C ccupation (optional)  Full name of pledgor  Pledgor address; City; State; Zip C	Employer (option out of state PAC code out of state PAC out of state PAC	Amount of pledge (\$)  Amount of pledge (\$)	In-kind description (if applicable)

exas Ethics Commiss	sion P.O. Box 12070 Austin, Texas 78711-2070	(512) 463-5800 1-800-325-8506
LOANS		SCHEDULE E
The Instruction Guil	es explains how to complete this form.	1 Total pages Schedule E:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
Herbert E. I	Evans	·····
TOTAL OF UN	IITEMIZED LOANS: ⇔ ⇔ ⇔	\$ \$ \$
5 Date of loan	7 Name of lender	9 Loan Amount (\$)
6 tallender a financial Institution?	8 Lender address; City; State; Zip Code	10 Interest rate
Y N		11 Maturity date
12 Description of Collate	ral	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
13 GUARANTOR INFORMATION	1.4 Name of guarantor	16 Amount Guaranteed (\$)
not applicable	15 Guarantor address; City; State; Zip Code	
17 Principal Occupation	18 Employer	
Date of loan	Name of lender out of state PAC	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State; Zip Code	Interestrate
Y		Maturky date
Description of Collate	rat .	
none		
GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed (\$)
not applicable	Guarantor address; City; State; Zip Code	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED if lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer

Principal Occupation

POLITIC	CAL EXPENDITURES		s	CHEDULE F
The Instruction	Guide explains how to complete this form.		1 Total pages Schedul	e F:
FILER NAME Herbert 1			3 ACCOUNT # (Ethics	Commission fliers)
Date 2/24/99	5 Payee name  Message, Audience and Presenta  6 Payee address; City: State: Zip Code  4408 Burnet Road Austin, T	etion Texas 78756	7	Amount (\$) 591.00
Purpose of exp	penditure . consulting	9 . Complete if direct exp. Candidate / Officeholder	enditure to benefit C/OH name ,	Office sought / held
Date	Payee name			Amount (\$)
	Payse address; City; State; Zip Code	· .		
Purpose of ex	spenditure /	Complete if direct exp     Candidate / Officeholde	penditure to benefit C/Of r name	1 Office sought / held
Date	Payse name			Amount (\$)
	Payee address; City; State; Zip Code			
Purpose of 6	expenditure	Complete if direct expended to the Candidate / Officehold	xpenditure to benefit C/C er name	H ↔ Office sought / held
Date	Payee name			Amount (\$)
	Payee address; City; State; Zip Cod	de		
Purpose of	expenditure	Complete if direct of Candidate / Officahol	expenditure to benefit C/ ider name	OH ⊶ Office sought / held
	ATTACH ADDITIONAL COR	PIES OF THIS FORM AS	S NEEDED	